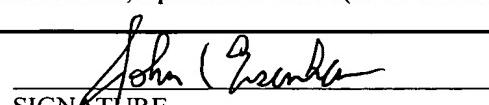
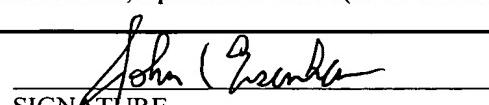
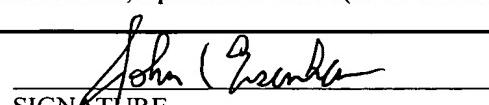


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|--|--|---|
| TRANSMITTAL LETTER TO THE UNITED STATES<br>DESIGNED/ELECTED OFFICE (DO/EO/US)<br>CONCERNING A FILING UNDER 35 U.S.C. 371   |  | ATTORNEY'S DOCKET NUMBER<br>HI-0276                                 |
|  |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/575858</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/KR2004/002636   | INTERNATIONAL FILING DATE<br>15 October 2004 | PRIORITY DATE CLAIMED<br>16 October 2003                            |
| TITLE OF INVENTION<br><b>MICROWAVE OVEN AND LATCH BOARD IN THE MICROWAVE OVEN</b>  |  |   |
| APPLICANT(S) FOR DO/EO/US<br><b>Sang Ryul LEE</b>  |  |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:  |  |   |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))<br/>       a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> has been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US)</p> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))<br/>       a. <input checked="" type="checkbox"/> is attached hereto.<br/>       b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</p> <p>7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).<br/>       a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).<br/>       b. <input type="checkbox"/> have been communicated by the International Bureau.<br/>       c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.<br/>       d. <input type="checkbox"/> have not been made and will not be made.</p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> |  |   |
| <b>Items 11 to 20 below concern document(s) or information included:</b>   |  |   |
| <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 C.F.R. 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An Assignment Document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input type="checkbox"/> A Preliminary Amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute Specification.</p> <p>16. <input type="checkbox"/> A Power of Attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821-1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> <p>20. <input checked="" type="checkbox"/> Other items or information: <b>PCT Request, Written Opinion, International Search Report</b></p>   |  |   |

|  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
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| U.S. APPLICATION (If known, see 37 CFR 1.5)<br><b>10/575858</b>  | INTERNATIONAL APPLICATION<br>PCT/KR2004/002636 | ATTORNEY'S DOCKET NO.<br>HI-0276  |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| The following fees have been submitted:  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <table border="1"> <tr> <td>21. <input checked="" type="checkbox"/> Basic national fee .....</td> <td>\$300.00</td> <td>Calculations<br/>\$ 300</td> <td>PTO User Only</td> </tr> <tr> <td>22. <input checked="" type="checkbox"/> Examination fee<br/>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4).....</td> <td>\$100.00</td> <td>\$ 200</td> <td></td> </tr> <tr> <td>All other situations .....</td> <td>\$200.00</td> <td></td> <td></td> </tr> <tr> <td>23. <input checked="" type="checkbox"/> Search fee<br/>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority .....</td> <td>\$300.00</td> <td>\$ 400</td> <td></td> </tr> <tr> <td>International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB .....</td> <td>\$400.00</td> <td></td> <td></td> </tr> <tr> <td>All other situations .....</td> <td>\$500.00</td> <td></td> <td></td> </tr> <tr> <td colspan="2"><b>TOTAL OF 21, 22, and 23 =</b></td> <td><b>\$ 900</b></td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). 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Box 221200<br/>         Chantilly, Virginia 22151-1200<br/>         USA       </td> </tr> </table> |  |   | 21. <input checked="" type="checkbox"/> Basic national fee ..... | \$300.00 | Calculations<br>\$ 300 | PTO User Only | 22. <input checked="" type="checkbox"/> Examination fee<br>If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)..... | \$100.00 | \$ 200 |  | All other situations ..... | \$200.00 |  |  | 23. <input checked="" type="checkbox"/> Search fee<br>Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority ..... | \$300.00 | \$ 400 |  | International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB ..... | \$400.00 |  |  | All other situations ..... | \$500.00 |  |  | <b>TOTAL OF 21, 22, and 23 =</b> |  | <b>\$ 900</b> |  | <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). 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| All other situations .....   | \$200.00                                       |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
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| International Search Report prepared by an ISA other than the US and provided to the Office or previously communicated to the US by the IB .....   | \$400.00                                       |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| All other situations .....   | \$500.00                                       |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>TOTAL OF 21, 22, and 23 =</b>   |  | <b>\$ 900</b>   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.  |  |   | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Total Sheets   | Extra Sheets                                   | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| - 100 =  | /50 =  |   | x \$250.00   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).   |  |   | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| CLAIMS   | NUMBER FILED                                   | NUMBER EXTRA  | RATE   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Total Claims   | 20 - 20 =                                      | 0   | x \$50.00  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Independent Claims   | 3 - 3 =  | 0   | x \$200.00   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |  | + \$360.00  | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |  |   | <b>\$ 900</b>  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.   |  |   | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>SUBTOTAL =</b>  |  |   | <b>\$</b>  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Processing fee of \$130.00 for furnishing the English language translation later than 30 months from the earliest priority date (37 CFR 1.492(f))  |  |   | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |  |   | <b>\$ 900</b>  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) \$40.00 per property  |  |   | \$   |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |  |   | <b>\$ 900</b>  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|  |  |   | Amount to be refunded: \$  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
|  |  |   | charged: \$  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| a. <input checked="" type="checkbox"/> A check in the amount of \$ 900.00 to cover the above fees is enclosed.   |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| b. <input type="checkbox"/> Please charge my Deposit Account No. _____ in the amount of \$ _____ to cover the above fees.  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| c. <input checked="" type="checkbox"/> A duplicate copy of this sheet is enclosed.   |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| d. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 16-0607. A duplicate copy of this sheet is enclosed.  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b) must be filed and granted to restore the application to pending status.  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| SEND ALL CORRESPONDENCE TO:<br>CUSTOMER NO. 34610  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| <br>SIGNATURE<br><u>John C. Eisenhart</u><br>NAME<br><u>38,128</u><br>REGISTRATION NUMBER  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |
| FLESHNER & KIM, LLP<br>P.O. Box 221200<br>Chantilly, Virginia 22151-1200<br>USA  |  |   |  |          |                        |               |  |          |        |  |                            |          |  |  |   |          |        |  |  |          |  |  |                            |          |  |  |                                  |  |               |  |   |  |  |    |              |              |   |      |         |       |  |            |  |  |  |    |        |              |              |      |              |           |   |           |                    |         |   |            |   |  |            |    |                                      |  |  |               |  |  |  |    |                   |  |  |           |   |  |  |    |                             |  |  |               |   |  |  |    |                              |  |  |               |  |  |  |                           |  |  |  |             |  |  |  |  |   |  |  |  |  |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |   |  |  |  |